

DECLARATION AND POWER OF ATTORNEY FOR PATENT APPLICATION

Harrington & Smith, LLP Docket No.: **884A.0029.U1(US)**

As a below named inventor, I hereby declare that:

My residence, post office address and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

Hand-Portable Devices and Covers for Hand-Portable Devices

the specification of which
(check one) _____ is attached hereto.

 X was filed on **December 16, 2003** as Application Serial No. **10/737,137**

 X and/or that was amended on December 16, 2003.

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment referred to above.

I acknowledge the duty to disclose to the U.S. Patent and Trademark Office all information known to me to be material to the patentability of this application as defined in Title 37, Code of Federal Regulations, '1.56.

I hereby claim foreign priority benefits under Title 35, United States Code, 119 of any foreign application(s) for patent or inventor's certificate(s) listed below and have also identified below any foreign application(s) for patent or inventor's certificate(s) having a filing date before that of the application on which priority is claimed:

Prior Foreign Application(s)

Priority Claimed

(Number) (Country) (Day/Mon/Year Filed) Yes No

I hereby claim the benefit under Title 35, United States Code, §119(e) of the United States provisional patent application(s) listed below:

(Application Serial No.)

(Filing Date)

I hereby claim benefit under Title 35, United States Code, §120 of any United States application(s) listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States application in the manner provided by the first paragraph of Title 35, United States Code, §112, I acknowledge the duty to disclose material information as defined in Title 37, Code of Federal Regulations, §1.56(a) which occurred between the filing date of the prior application and the national or PCT international filing date of this application.

(Application Serial No.)

(Filing Date)

(Status)

POWER OF ATTORNEY: As a named inventor, I hereby appoint the attorneys and/or agents listed below to prosecute this application and transact all business in the Patent and Trademark Office connected therewith.

NAMES

REGISTRATION NUMBERS

Brian T. Rivers	41,270
Steven Shaw	39,368
Milan Patel	41,242
Thomas R. Weber	41,547
Wayne DeMello	48,601

and all Attorneys and/or Agents listed under **Customer Number: 29683** including:

Mark Harrington	31,686
Harry Smith	32,493
Christine W. Beninati	37,967

SEND CORRESPONDENCE TO:

Customer Number: **29683**.

DIRECT TELEPHONE CALLS TO:

Harry F. Smith
Harrington & Smith, LLP
Telephone:(203)925-9400
Facsimile:(203)944-0245

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

FULL NAME OF INVENTOR	LAST NAME Eriksson	FIRST NAME Timo	MIDDLE NAME
--------------------------	------------------------------	---------------------------	-------------

RESIDENCE Toyko	STATE OR COUNTRY Japan	CITIZENSHIP Finland
---------------------------	----------------------------------	-------------------------------


POST OFFICE ADDRESS	P.O. ADDRESS 6-5-5 Hatanodai 142-0064, Shinagawa-ku, Tokyo, Japan	CITY & COUNTRY
------------------------	---	----------------

Inventor's
Signature  Date 13th Jan. 2004

FULL NAME OF INVENTOR	LAST NAME Hashizume	FIRST NAME Kenichi	MIDDLE NAME
--------------------------	-------------------------------	------------------------------	-------------

RESIDENCE Yoshioka Town	STATE OR COUNTRY Japan	CITIZENSHIP Japan
-----------------------------------	----------------------------------	-----------------------------

POST OFFICE ADDRESS	P.O. ADDRESS 396-7 Urushibara, Yoshioka Town, Kita-Gumna 370-3601, Japan	CITY & COUNTRY
------------------------	--	----------------

Inventor's
Signature  Date 13. Jan. 2004